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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/442,143	11/15/1999	GARY LEVY	9579-14	5467

TITLE OF INVENTION: METHODS OF MODULATING IMMUNE COAGULATION

TOTAL CLADAS	TOTAL CLAIMS APPLN. TYPE		ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
4	nonprovisional	YES	\$640	\$0	\$640	03/13/2002
EX	CAMINER	- ART UNIT	CLASS-SUBCLA	SS		
NOLA	N, PATRICK J	1644	424-139100			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363), Use of PTO form(s) and Customer Number are recommended, but not required.			the names of up	the patent front page, I to 3 registered patent atternatively, (2) the name	omeys , Rereck	in & Parr
Change of correspondence address (or Change of Correspondence			single firm (havi	ng as a member a regi	latamed	ine Gravelle

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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